



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
APPLICATION TO RENEW CERTIFICATE OF AUTHORITY

P.O. BOX 690
JEFFERSON CITY, MISSOURI 65102-0690

INSTRUCTIONS

To be completed by all insurance companies/associations that desire to transact business in the State of Missouri. Check the appropriate boxes and complete all sections/parts of the application. The application must be signed by an authorized company official.

SECTION A - TYPE OF APPLICATION

☐ RENEWAL ONLY

TO TRANSACT BUSINESS IN THE
STATE OF MISSOURI
DURING THE YEAR _____

SECTION B - IDENTIFYING DATA

FULL NAME OF INSURER		NAIC COMPANY NAME
HOME/LEGAL ADDRESS		
MAIN ADMINISTRATIVE OFFICE ADDRESS		TELEPHONE NUMBER
MAIL ADDRESS		
TELEPHONE NUMBER FOR LOCATION OF BOOKS & RECORDS		TELEPHONE NUMBER FOR STATEMENT CONTACT PERSON

SECTION C - LINES OF BUSINESS

- | | |
|--|--|
| <input type="checkbox"/> LIFE AND HEALTH (Chapter 376, RSMo) <ul style="list-style-type: none"><input type="checkbox"/> A1. Life, annuities and endowments (§376.010, RSMo)<input type="checkbox"/> A2. Accident and Health (§376.010, RSMo)<input type="checkbox"/> A3. Variable Contracts (§376.309, RSMo) | <input type="checkbox"/> MISSOURI MUTUAL (§§380.011 - 380.151, RSMo) |
| <input type="checkbox"/> PROPERTY AND CASUALTY (Chapter 379, RSMo) <ul style="list-style-type: none"><input type="checkbox"/> B1. Property (§379.010.1 (1), RSMo)<input type="checkbox"/> B2. Liability (§379.010.1 (2), RSMo)<input type="checkbox"/> B3. Fidelity and Surety (§379.010.1 (3), RSMo)<input type="checkbox"/> B4. Accident and Health (§379.010.1 (4), RSMo)<input type="checkbox"/> B5. Miscellaneous (§379.010.1 (5), RSMo) | <input type="checkbox"/> EXTENDED MISSOURI MUTUAL (§§380.201 - 380.601, RSMo) <ul style="list-style-type: none"><input type="checkbox"/> G1. Fire (§380.261 (1), RSMo)<input type="checkbox"/> G2. Windstorm (§380.261 (2), RSMo)<input type="checkbox"/> G3. Liability (§380.261 (3), RSMo)<input type="checkbox"/> G4. Crops (§380.261 (4), RSMo)<input type="checkbox"/> G5. Other (§380.261 (5), RSMo) |
| <input type="checkbox"/> HEALTH SERVICES CORP. (§354.010 - 354.380, RSMo) | <input type="checkbox"/> TITLE (Chapter 381, RSMo) |
| <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION
(§§354.400 - 354.550, RSMo) | <input type="checkbox"/> PROFESSIONAL MALPRACTICE ASSESSABLE
(Chapter 383, RSMo) |
| <input type="checkbox"/> PREPAID DENTAL PLAN (§§354.700, et seq., RSMo) | <input type="checkbox"/> POLITICAL SUBDIVISION ASSESSABLE
(Sections 537.620 - 537.650, RSMo) |
| | <input type="checkbox"/> FRATERNAL BENEFIT (Chapter 378, RSMo) |
| | <input type="checkbox"/> OTHER (SPECIFY) |

SECTION D - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER
TITLE		DATE